

Registration District No. **210**

Primary Registration District No. **4322**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: **Mercer**
 (a) County **Mercer**
 (b) City or town **Princeton, Mo**
 (c) Name of hospital or institution: **no**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **no**
 In this community **11 years**
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: **65**
 (a) State **Missouri** (b) County **Mercer**
 (c) City or town **Princeton**
 (d) Street No. **0**
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country.

3. (a) PRINT FULL NAME **Henry Issac Holt**
 (b) If veteran, name war **no**
 (c) Social Security No. **no**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **29th** day **April** year **1947** hour **12:30** minute **0** P. M.
 21. I hereby certify that I attended the deceased from **March** 19 **47** to **Apr 29** 19 **47**
 that I last saw **her** alive on **Apr 29** and that death occurred on the date and hour stated above.

4. Sex **male**
 5. Color or race **white**
 6. (a) Single, widowed, married, divorced **Widower**
 6. (b) Name of husband or wife **NOV 27 1871**
 6. (c) Age of husband or wife if years

Immediate cause of death: **Organic heart disease with aortic insufficiency**
 Duration **30 days**

7. Birth date of deceased: (Month) (Day) (Year)
 8. AGE: Years **76** Months **5** Days **2** If less than one day hr. min.

Due to
 Due to
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations **950**
 Of autopsy

9. Birthplace **Missouri**
 10. Usual occupation **Laborer**
 11. Industry or business

PHYSICIAN
 Underline the cause to which death should be charged statistically.

MOTHER FATHER {
 12. Name **J. C. Holt**
 13. Birthplace **Kentucky**
 14. Maiden name **Susie M. Steckman**
 15. Birthplace **Kentucky**
 16. (a) Informant **Social Security Office**
 (b) Address **Princeton, Mo**
 17. (c) **burial** (b) Date thereof **April 30, 1947**
 (c) Place: burial or cremation **Princeton**
 18. (a) Signature of funeral director **Noel Moss**
 (b) Address **Princeton Mo**
 19. (a) **5-3-47** (b) **Earl Martin**
 (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify)
 (b) Date of occurrence
 (c) Where did injury occur? (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 23. Signature **[Signature]** (M. D. or other) **Full**
 Address **Princeton, Mo** Date signed **4/30/47**

DISTRICT HEALTH OFFICE
Cameron, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by *me*.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Doel* *Mass*.....

Licensed Embalmer No..... *2634*.....

P. O. Address..... *Sumner Mo*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.